

COCHISE COUNTY JAIL

INMATE REQUEST FORM

TO: Booking NAME & POD: Hills CB13
SUBJECT: minute entry / BOOKING NUMBER: 6044
DATE & TIME RECEIVED: release day 4/4/19 8:02 RECEIVED BY: 828

NATURE OF REQUEST:

I need to know what
release day you have for me so
that I can make sure my
lawyer sends over the minute
entry if there is a
discrepancy.

Thank you

DATE: 4/4/19

INMATE SIGNATURE: KM 4/4/19

DUTY OFFICER COMMENTS: FWD to Booking

OFFICER'S NAME Barallos

A#

SIGNED: RB

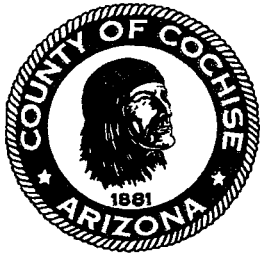
REPLY:

5/9/19 around 5pm

SIGNED: Barallos

DATE: 4-4-19

RTU to Imate



COCHISE COUNTY JAIL MEDICAL

REQUEST FOR HEALTHCARE

Medical care will never be refused to any inmate

I need a
copy
PLEASE!

I request Healthcare services as follows (check one)

☒ Sick Call ☐ Dentist ☐ Prescription Refill
☒ Mental Health ☐ Other (specify) _____

Date: 4/13/19 Cell Location: CB13

Inmate/Patient Name: Hills, Kris Booking #: 1 644

Inmate / Patient Date of Birth: 9/17/76
Please list any known drug allergies or circle NONE: NONE

APR 13 2019 PM 7:41

Jul

Nature of ~~Complaint~~ Complaint

I took a brain injury (TBI) some time back & was subsequently diagnosed with a syndrome that I believe may be affecting my daily interactions with others. My doctors had explained to me that awareness is key & since symptoms can be viewed as defiance & lead to disciplinary I need a simple print/summary of POST CONCUSSIVE SYNDROME please.

By my signature below, I hereby indicate that I understand that I may be charged \$10.00 for Health care services obtained at my request, \$10.00 for each prescription, and a \$1.00 charge for each over-the counter medication. Those inmates who do not have any money in their account will be seen by the medical staff & a negative balance will be placed on the account. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my trust fund account here at the Cochise County Jail. I will not receive a receipt for this withdrawal however; I may review the balance of my trust account as provided by facility procedures. In the event an inmate will not sign, please have an officer sign below in the witness signature spot.

K.M. Hills
Inmate/Patient's Signature

Date: 4/13/19

Witness Signature & call number _____ Date: 4/13/19

Pt edu. papers given.
copies of edu. placed in
chart 4/17/19 MCDJEN

